





\$Date: 2013-01-07 45 \$Revision: 4679 \$

Application for Planning Permission, Notes Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

ublication of applications on planning authority websites

ease note that the information provided on this application form and in supporting documents may be published on the uthority's website. If you require any further clarification, please contact the Authority's planning department.

ease complete using block capitals and black ink. is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application. 2. Agent Name and Address Applicant Name and Address John First name: Title: MC First name: Πtle: Blaumires Last name: Last name: Company -Hestyle Hotels Ltd Company (optional): (optional): House House House **House** 56 Unit: . 31 suffix: number: Unit: suffix: number: House House scawby house name: name: Address 1: Pasture Lane Address 1: Address 2: SEOMER Kirton lindsen Address 2: Address 3: Address 3: Scarboraigh Town: kirton lindsey Town: County: north lincolnshire County: Country: Country: YOIZ 4QR. Postcode: 4LX DN21 Postcode: 3. Description of the Proposal Please describe the proposed development, including any change of use: proposed 6 hotel surks and leisure complex. 12 JAN 2016 TINO Yes Has the building, work or change of use already started? If Yes, please state the date when building, (date must be pre-application submission) work or use were started (DD/MM/YYYY): INO. ີ Yes Has the building, work or change of use been completed? If Yes, please state the date when the building, work (date must be pre-application submission) or change of use was completed; (DD/MMYYYY):

| louse ame: Ox Posture Hall Hotel. Iddress 1: Lady Ediths Drive: Iddress 2: Iddress 3: Officer name: Ox Posture Hall Hotel. If Yes, please complete the following information about to you were given. (This will help the authority to deal with application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: | ihe advice |
|---|----------------|
| init: House Notise Suffix: | he advice |
| ame: ddress 1: Lady Ediths Drive you were given. (This will help the authority to deal with application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: `ill baskau | this . |
| iddress 2: Iddress 3: Please tick if the full contact details are not known, and then complete as much as possible: Officer name: | j [*] |
| known, and then complete as much as possible: Officer name: | |
| ill bastav | |
| III III JOSEPAN | |
| own: scarboraigh | |
| County: Reference: | |
| 'ostcode Yol2 STA. | |
| optional): YOZ STAS. Description of location or a grid reference, must be completed if postcode is not known): Date (DD/MM/YYYY): [1] | 2015. |
| asting: Northing: Details of pre-application advice received? | |
| Description: consider vanous delails and then submit | |
| | |
| Pedestrian and Vehicle Access, Roads and Rights of Way 7. Waste Storage and Collection | |
| i. Pedestrian and Vehicle Access, Roads and Rights of Way To the plans incorporate areas to store | |
| o or from the public highway? Yes No and aid the collection of waste? Yes | ₩ No |
| s a new or altered pedestrian If Yes, please provide details: | |
| the public highway? Yes V No | |
| Are there any new public roads to be provided within the site? Yes Mo | |
| Are there any new public rights of way to be provided within or adjacent to the site? Yes V No | |
| Do the proposals require any diversions /extinguishments and/or creation of rights of way? Have arrangements been made for the separate storage and collection of recyclable waste? Yes Yes | No |
| If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan | |
| (s)/drawlings(s) | |
| 1 2 JAN 2016 | |
| The state of Markon | |
| 8. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member | ☑ No |
| If Yes, please provide details of the name, relationship and role | |
| | |

| Materials applicable, please state | e what mater | lals are to be used external | ly. Include | type, colour and name for eac | h material: | a) l | |
|---|--------------------------|--|---------------------------------------|-------------------------------|---------------------|-------------------|---------------|
| | Existing (where appli | | | Proposed | · | Not applicable | Don't Know |
| Walls | | | | stone. | | | |
| Roof | | • | | panhle | | | |
| Windows | | | , , , , , , , , , , , , , , , , , , , | timber | | | |
| Doors | | | | timber, | | | |
| Boundary treatments (e.g. fences, walls) | | | | | | | |
| Vehicle access and hard-standing | tamac | | | termec | | | |
| Lighting | _ | | | | | | |
| Others (please specify) | / | | _w o | | | | |
| IEV włosco stato rof | erences for the | he plan(s)/drawing(s)/desig plans dekuations. | in and acce | | nt?Ye | 5 | No No |
| | ormation on | the existing and proposed | number of | Mai broposed (including | Differer in spac | | |
| Type of Veh Cars Light goods ve | | Existing mem = 45 topup = 28 | main top up | | | | |
| public carrier v Motorcyc | rehicles les | . 10 | | 15 | +5 | | |
| Disability sp Cycle spa | | 6 | | 12. | +6 | | |
| Other (e.g. | | | | | | | |

| 1. Foul Sewage | 12. Assessment of Flood Risk |
|--|--|
| Please state how foul sewage is to be disposed of: | Is the site within an area at risk of flooding? (Refer to the |
| Mains sewer Cess pit | Environment Agency's Flood Map showing 11000 zones 2 and 3 and 5 a |
| Sentic tank Other | planning authority requirements for information as necessary.) Yes No |
| Septic tank Other | If Yes, you will need to submit a Flood Risk Assessment to consider |
| Package treatment plant | the risk to the proposed site. |
| re you proposing to connect to the existing drainage system? Yes No | Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No |
| f Yes, please include the details of the existing system on the application drawings and state references for the | Will the proposal increase the flood risk elsewhere? Yes No |
| plan(s)/drawing(s): | How will surface water be disposed of? |
| | Sustainable drainage system Existing watercourse |
| | Soakaway Pond/lake |
| | Main sewer |
| 1. Caladai Canamatian | 14. Existing Use |
| 13. Biodiversity and Geological Conservation | Please describe the current use of the site: |
| To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable | grassland. |
| likelihood that any important biodiversity or geological | |
| conservation features may be present or nearby and whether they are likely to be affected by your proposals. | |
| Having referred to the guidance notes, is there a reasonable | Is the site currently vacant? |
| likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to | If Yes, please describe the last use of the site: |
| or near the application site? | |
| a) Protected and priority species: | . 1 2 JAW 2018 |
| Yes, on the development site | |
| Yes, on land adjacent to or near the proposed development | When did this use end (if known)? |
| No | II DD/MM/YYYY I II |
| b) Designated sites, important habitats or other biodiversity | (date where known may be approximate) |
| features: | Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination |
| Yes, on the development site | assessment with your application. |
| Yes, on land adjacent to or near the proposed development | Land which is known to be contaminated? Yes V No |
| No c) Features of geological conservation importance: | Land where contamination is suspected for all or part of the site? Yes No |
| Yes, on the development site | A proposed use that would |
| Yes, on land adjacent to or near the proposed development | I he particularly vulnerable Voc Voc |
| No No | to the presence of contamination? |
| | 16. Trade Effluent |
| 15. Trees and Hedges | Does the proposal involve the need to |
| Are there trees or hedges on the proposed development site? Yes Vo | dispose of trade effluents or waste? Yes V No If Yes, please describe the nature, volume and means of disposal |
| And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the | of trade effluents or waste |
| I development of might be important as part 1-7 year 1.7 Ma | |
| of the local landscape characters | |
| Tree Survey, at the discretion of your local plainting dutions, in | 3 E I |
| submitted alongside your application, your local planting | |
| contain, in accordance with the current 'B55837: Trees in relation to design, demolition and construction - Recommendations'. | |
| design, demontion and construction - recommendations. | SDate: 2013-01-07 #\$ \$Revision: 4679 \$ |

| 8. All'1 | ypes of De | evelopme | ent: l | Von-resident | ai Floorspace | 8 ntial floorsp | ace? [♥ Yes [| ™ No | |
|-----------------|--|---------------------------------------|-------------------|--|--|---|--|----------------------|--|
| oes you | r proposal in | olve the los | s, gai | n or change of u | eo add dotolle | the follows | | | <u></u> |
| | have answer | ed Yes to th | Not applicable | estion above plea Existing gross Internal floorspace (square metres) | Gross Internal fi to be lost by cl use or demo (square me | loorspace hange of plition | Total gross internal floorspace proposed (including change of use)(square metres) | interna following | tional gross floorspace development e metres) |
| A1 | Sho | ps | | | | | | | <u> </u> |
| | Net trada | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| A2 | Financi professiona | al and al services | | | , , , , , , , , , , , , , , , , , | | | | |
| А3 | Restaurants | and cafes | | | | | | _ | |
| A4 | Drinking esta | blishments | | | | | | | |
| A5 | Hot food t | akeaways | | | | | | | |
| B1 (a) | Office (other | | | | | | | | |
| B1 (b) | Researd develo | | | <u></u> | | | | | |
| B1 (c) | Light in | | | | | | | | |
| B2 | General i | ndustrial | | | | | <u> </u> | | |
| B8 | Storage or | distribution d halls of | 무 | | | | 1.2 | JAN 2016 | |
| C 1 | resid | ence | 무 | <u> </u> | | <u></u> | | | |
| C2 | Residential | institutions idential | 早 | | ļ | · — • · · · · · · · · · · · · · · · · · | | | |
| D1 | institu | <u>utions</u> | 닏 | <u> </u> | | ,, | 10 +70 | 1270. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| D2 | Assembly | and leisure | 早 | - | 0 | | 1270 | 12.10. | |
| OTHER Please | | | 믬 | | | | | | |
| Specify | \ <u></u> | | 口 | 1. | | | : | | |
| | | otal | | 1 | L | ditionally in | dicate the loss or gain (| of rooms | |
| | | tels, resider Not | itial in Exis | tina rooms to be | lost by change | i lotai roor | dicate the loss or gain on sproposed (including | Net add | tional rooms |
| Use class | Type of use | applicable | | of use or den | nolition | , <u>c</u> | hanges of use) | <u> </u> | 12. |
| C1 | Hotels Residential | | | ರಿ | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
| C2 | Institutions | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| OTHER Please | | | | | | | | | · _ · · · · · · · · · · · · · · · · · · |
| Specify | | | <u> </u> | | | | | | |
| 19. En | nployment | t | | | | | | | |
| Please | complete the | following in | ıform | ation regarding | employees: | t-time | | otal full-time | |
| | | | | Full-time | | | | equivalent O | |
| i | Existing employees Proposed employees | | | | | | | 16 | |
| <u> </u> | | | <u></u> | | | | | | |
| 20. H | ours of Op | ening | | | ldandini sran wen | ancad: | | | |
| Ple | | | | for each non-res | Idential use pro Saturd | | Sunday and | N | ot known |
| | Use | | | lay to Friday | 0.00 | | Bank Holidays | | |
| 24 | hars. | | <u>0∙0</u> | 0-0.00. | 0,00 | | <u> </u> | | |
| - | | | | | | | | | |
| | | | | | | | | | <u> </u> |
| | te Area | | | D. 0.097 | | | | | |
| Please | state the site | area in nect | ares (| ha) 0.087 | | | | \$Date: 2013-01-07 | \$ \$Revision: 4679 \$ |

| - | Propos | æa | Hou | sing | | | | ł | Existi | ang r | nou: | ıng | | | |
|-----------------------|--|--------------|-----------|--------------|--------------|---------------------------|---------|-----------------------------------|--------------|--------------|-------------|--------------|-------------|---------------------------------------|--|
| Market Housing | Not known | 1 | | ber of | | rooms Unknown | Total | Market Housing | Not | | | | | rooms | Tota |
| Houses | KNOWN | - | - | 13 | 47 | URKNOWII | 4 | Housing | known | 1 | 2 | 3 | 4+ | Unknowr | 4- |
| Flats and maisonettes | | | + | + | | | | Flats and maisonettes | | | | - | - | | +- |
| Live-work units | | | - | + | - | <u> </u> | | Live-work units | | | +- | + | + | | + |
| Cluster flats | | | + | + | | | | Cluster flats | | <u> </u> | - | | - | | + |
| Sheltered housing | | | - | | | | | Sheltered housing | | - | + | | + | | +- |
| Bedsit/studios | | | + | - | | | - | Sheltered housing Bedsit/studios | | | - | - | - | | +- |
| Unknown type | | | +- | | | | | { } | | | +- | — | + | - | + |
| Unknown type | | -4-1 | 1-1/ | <u> </u> | 4.4.6 | - 4 da | | Unknown type | | | <u> </u> | | | | ₩ |
| <u> </u> | |)tais | (a+ | 1+6+ | d+c | 2+ <i>f</i> + <i>g</i>)= | <u></u> | | | otais | (a + u |)+c+ | d+e | ?+f+g)= | ــــــــــــــــــــــــــــــــــــــ |
| | Not L | | Num | ber of | Redr | rooms | Total | <u></u> | Not | γ | Mun | ber of | FRodi | | Tota |
| Social Rented | known | · | 2 | 3 | | | | Social Rented | Not known | | Numi 2 | ber or | | | |
| Houses | | | | | | | | Houses | | | | | | | 1 |
| Flats and maisonettes | | | | | | | | Flats and malsonettes | | | | | | | |
| Live-work units | | | | | | | | Live-work units | | | | | | | |
| Cluster flats | | _ | | | | | | Cluster flats | | | | 4 0 | T. A. | 2000 | |
| Sheltered housing | | | | | | | | Sheltered housing | | | | 16 | JAN | रिधाव | <u> </u> |
| Bedsit/studios | | | | | | | | Bedsit/studios | | | | | | | 1 |
| Unknown type | | | | | | | | Unknown type | | | | | | | <u></u> |
| | To | rtals | (a+b | 1+c+ | d+e | +f+g)= | | | T | otals | (a+b) |)+c+ | d+e | +f+g)= | |
| | · Not | | Milm | ber of | Dadr. | | Total | h | 1 | ~· | *1.110 | | | | Tota |
| Intermediate | Not known | | Numb 2 | ber of | | Ooms Unknown | | Intermediate | Not known | | Numb 2 | ber of 3 | | ooms Unknown | |
| Houses | | | | | | | | Houses | | | | | | <u> </u> | |
| Flats and maisonettes | | | | | | | | Flats and maisonettes | · | | | | | | |
| Live-work units | | | | | | | | Live-work units | | | | | | | |
| Cluster flats | | | | | | | | Cluster flats | | | | | | | |
| Sheltered housing | | | | | | | | Sheltered housing | | | | | | | |
| Bedsit/studios | | | | | | | , | Bedsit/studios | | | | | | | |
| Unknown type | | | | | | |] | Unknown type | | , | | | | <u> </u> | |
| | To | tals | (a+b | +c+1 | d+e- | $+f+g\rangle =$ | | | | otals | (a+b | +c+ | d+e | +f+g)= | |
| | | _ | | - | | | | | | | | | | | |
| Key worker k | Not known | 1 1 | Numb 2 | | | ooms 1 Unknown | Total | Key worker | Not known | 1 | | per of I | | | Tota |
| louses | | ' | 1 | - | 47 | JAKHOWA | | Houses | known | -++ | 2 | 3 | 4+ (| Unknown | r |
| Flats and malsonettes | | 1 | 1 | 1 | 1 | | | Flats and maisonettes | | | | | | | (|
| lve-work units | | 1 | - | _ | + | , | | Live-work units | | + | - | - | - | | <i></i> |
| Cluster flats | | \dashv | 1 | 1 | _ | | (1)- | Cluster flats | | \dashv | | - | + | | , |
| Sheltered housing | <u> </u> | - | | | _ | | | Sheltered housing | | 1 | - | _ | | | , |
| Bedsit/studios | | 7 | | | 1 | | | Bedsit/studios | 岩 | - | - | | + | | |
| Unknown type | | 7 | • | 7 | - | <u> </u> | | Unknown type | | - | 1 | - | _ | | |
| | | cals (| a+b | +c+d | i+e+ | + f + g) = | | Colonia Service | | tals (| n+b | +c+ı | 4+61 | +f+g)= | |
| | | | <u> </u> | | <u> </u> | | | | | ***** | | | | , , , , , , , , , , , , , , , , , , , | |

| 2. Industrial or Commercial Proce | sses | and Machinery | · · · · · · · · · · · · · · · · · · · | |
|--|-------------------|---|---|--|
| Please describe the activities and processes to be carried out on the site and the end production, ventilation or air conditioning. Please it to be of machinery which may be installed on | nclud | e the | | |
| is the proposal a waste management develo | pmer | | No | |
| if the answer is Yes, please complete the foll | owing | y table: | | |
| | Not applicable | The total capacit including enginee allowance for co tonnes if solid w | y of the void in cubic metres, ring surcharge and making no yer or restoration material (or yaste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
| inert landfill | | | | |
| Non-hazardous landfill | | | | |
| Hazardous landfill | | | · · · · · · · · · · | |
| Energy from waste incineration | | | | |
| Other Incineration | | | | |
| Landfill gas generation plant | | | | |
| Pyrolysis/gasification | | | | |
| Metal recycling site | | | | |
| Transfer stations | 口 | | | |
| Material recovery/recycling facilities (MRFs) | | | | |
| Household civic amenity sites | 무 | | | |
| Open windrow composting | 닏 | <u> </u> | | |
| In-vessel composting | <u> </u> | | | |
| Anaerobic digestion Any combined mechanical, biological and/ or thermal treatment (MBT) | | | | |
| Sewage treatment works | | | | - |
| Other treatment | | | | |
| Recycling facilities construction, demolition and excavation waste | וי | | | AND MAN |
| Storage of waste | | | | 12 JAN 2016 |
| Other waste management | | | | |
| Other developments | | | A. 11 | |
| Please provide the maximum annual opera | tiona | I throughput of the | following waste streams: | |
| Municipal | | | | |
| Construction, demolition and | | ation | | |
| Commercial and indus | | | | |
| Hazardous If this is a landfill application you will need planning authority should make clear wha | to pr | ovide further inform | nation before your application | can be determined. Your waste |
| planning authority should make clear wha | t info | rmation it requires (| on its website. | |
| 23. Hazardous Substances | _ | | | |
| Does the proposal involve the use or stora the following materials in the quantities st | ated | Defont [A] 163 | No Not appl | icable |
| If Yes, please provide the amount of each | subst | | | Phosgene (tonnes) |
| Acrylonitrile (tonnes) | | Ethylene oxide (to | | Sulphur dioxide (tonnes) |
| Ammonia (tonnes) | Ну | drogen cyanide (to | | Flour (tonnes) |
| Bromine (tonnes) | | Liquid oxygen (to | | ned white sugar (tonnes) |
| Chlorine (tonnes) 80 Lifes | Liquid | d petroleum gas (to | | the stiller and at the state of |
| Other: | | | Other: | |
| Amount (tonnes): | | | Amount (tonnes): | SDate: 2013-01-07 #5 \$Revision: 4679 \$ |

| 26. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all information required will result in your application being deemed | the inf invalid | formation in support of your proposal. Failure to submit all d. It will not be considered valid until all information required | by |
|--|---|---|---|
| the Local Planning Authority has been submitted. The original and 3 copies of a completed and dated | ı√ | The correct fee: | |
| application form: The original and 3 copies of the plan which identifies | رنيا | The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details): | Image: second control of the seco |
| the land to which the application relates drawn to an identified scale and showing the direction of North: | ⊠ ′ | The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable): | ¥ |
| The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: | Image: section of the content of the | The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings): | U · |

| igned - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY): OS OI 2016 (date cannot be pre-application) |
|---|--|---|
| 8. Applicant Contact Details | | 29. Agent Contact Details |
| l'elephone numbers | | Telephone numbers |
| Country code: National number: | Extension number: | Country code: National number: Extension number: |
| Country code: Mobile number (optional) | | Country code: Mobile number (optional): |
| Country code: Fax number (optional): | | Country code: Fax number (optional): |
| Email address (optional): | | Email address (optional): |
| | | |
| IO. Site Visit | | |
| lan the site be seen from a public road, pub | ilic footpath, bridleway o | other public land? Yes No |
| f the planning authority needs to make an a sut a site visit, whom should they contact? | appointment to carry (Please select only one) | Agent Applicant Other (if different from the agent/applicant's details) |
| fOther has been selected, please provide: | | W.L. Language |
| Contact name: | | Telephone number: |

12 JAN 2016